2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2012
Secretary of State

DOCUMENT# P10000015514

Entity Name: SUNCOAST INSURANCE CENTER OF FLORIDA, INC.

Current Principal Place of Business:

4609-1 US HIGHWAY 17, S.
ORANGE PARK, FL 32003 US

New Principal Place of Business:

Current Mailing Address:

4609-1 US HIGHWAY 17, S.
ORANGE PARK, FL 32003 US

New Mailing Address:

FEI Number: 27-1946390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELLS, TRACY L
4609-1 US HIGHWAY 17, S.
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: WELLS, TRACY L
Address: 4609-1 US HIGHWAY 17, S.
City-St-Zip: ORANGE PARK, FL 32003 US

Title: VP
Name: KNOTT, MARK A
Address: 4609-1 US HIGHWAY 17, S.
City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRACY L. WELLS PRES 04/19/2012

Electronic Signature of Signing Officer or Director Date